

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

04682 61
Reg. Dist. No.

1. PLACE OF DEATH:

County..... Caroline
City or town..... Greensboro, Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 5 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Md. County..... Caroline
City or town..... Greensboro, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Georgia Ann Applegate

3. (b) Social Security Number

4. Sex..... F
5. Color or race..... W
6. (a) Single, married, widowed, or divorced..... Widowed
6. (b) Name of husband or wife..... Adolpha Annlegate
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.)..... Feb. 16-1880
8. AGE: Years..... 66 Months..... 2 Days..... 18
If less than one day..... hrs. min.

9. Birthplace..... Valley, Kentucky
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business.....

FATHER 12. Name..... Lafe Vermilion
13. Birthplace..... Kentucky

MOTHER 14. Maiden name..... Mahalia Wallace
15. Birthplace..... Kentucky

16. Informant..... Mrs. Alfred Bilbrough
Address..... Greensboro, Md.

17. Burial..... May 8 1946
(Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... Valley Kentucky

Location..... Valley Kentucky

18. Funeral director..... Raymond, B. Rawlings
Address..... Greensboro Md.

19. May 8 1946 L. M. Pippin
(Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 7 1946, at 8:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 10 1946, to May 7 1946
and that I last saw her alive on May 7 1946.

Immediate cause of death.....
Cerebral Hemorrhage
Complicating

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....
Address..... Greensboro Md. Date signed..... 5-8-46

35000

RECEIVED

MAY 10 1946

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (7)

CERTIFICATE OF DEATH

04683

Reg. Dist. No. 62

1. PLACE OF DEATH:

County... Caroline
 City or town... Rural near Concord
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Life
 Hospital, institution, or street address where death occurred:
None
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Caroline
 City or town... Rural near Concord
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Thomas Evergreen

3. (b) Social Security Number

4. Sex... M 5. Color or race... w 6.(a) Single, married, widowed, or divorced... married
 6.(b) Name of husband or wife... Sidney Green Evergreen

7. Birth date of deceased (mo., day, yr.)... July 22, 1859 8.(c) If alive, give age... 73 years

8. AGE: Years... 87 Months... 9 Days... 26 If less than one day... hrs. min.

9. Birthplace... Concord, Caroline, Maryland
 (Town, county, and state)

10. Usual occupation... Farmer

11. Industry or business... Farming

12. Name... Joseph Evergreen

13. Birthplace... Concord, Md.

14. Maiden name... Mother Worley

15. Birthplace... Concord, Md.

16. Informant... Kenneth F. Evergreen

Address... Denton, Maryland

17. Burial... Burial Date thereof... May 19, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Concord

Location... Concord, Md.

18. Funeral director... J. Vigil

Address... Denton, Maryland

19. 5719 1946 MOB George
 (Date rec'd by registrar) (year) (month) (day) (signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 16 19... 46 at... 8:45 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from... April 27 19... 39 to... May 16 19... 46
 and that I last saw him alive on... May 16 19... 46

Immediate cause of death... Alcoholism DURATION... 10 years

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations... Date of op...

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... J. Vigil M. D. or other

Address... Denton, Md. Date signed... 5/18/46

RECEIVED
MAY 25 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 43d

CERTIFICATE OF DEATH

04684

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline
 City or town Smithson
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Smithson
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mitchell J. Hall

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Virginia Hall6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.)

Mar. 18, 1871

8. AGE:

Years

75

Months

1

Days

14

If less than one day

.....hrs.min.

9. Birthplace

Salisbury, Md.

(Town, county, and state)

10. Usual occupation

Merchant

11. Industry or business

MOTHER

FATHER

12. Name

Joseph Hall

13. Birthplace

Salisbury, Md.

14. Maiden name

Sarah Baker

15. Birthplace

Salisbury, Md.

16. Informant

J. Virgil Hall

Address

Preston, Md.

17.

BurialDate thereof May 5, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Jr. Order U. A. M.

Location

Preston, Md.

18. Funeral director

H. M. Hollis

Address

Preston, Md.

19.

(Date rec'd by registrar)

5/7/46Cornelia Plummer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 19 46 at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 2 19 46 to May 2 19 46and that I last saw him alive on May 2 19 46Immediate cause of death Cerebral hemorrhageMarine

DURATION

18 hrs.Due to Arteriosclerosis & ChronicHypertension & Heart Disease.

Due to

Other conditions Portacaval shunt & HypertrophyBenign.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

5/7/46

RECEIVED
MAY 7 1946
BUREAU V R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

04685

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
City or town Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 36 years
Hospital, institution, or street address where death occurred:
Near American Corner
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
City or town Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near American Corner
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mary Jane Howard

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Mark Howard 6.(c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) January 9, 1888
8. AGE: Years 58 Months 3 Days 28 If less than one day
.....hrs.min.

9. Birthplace Denton, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

12. Name Leonard Stetson

13. Birthplace Bucks County, Pennsylvania

14. Maiden name Elizabeth Carey

15. Birthplace Bucks County, Pennsylvania

16. Informant Mark Howard

Address Denton, Maryland, R.F.D.

17. Burial Date thereof May 10 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalburg, Maryland

18. Funeral director J. F. Frampton and Son

Address Federalburg, Maryland

19. May 8th 19 46 J. F. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 7 19 46 at 2:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 19 46 to March 7 19 46
and that I last saw him alive on March 6 19 46

Immediate cause of death Coronary thrombosis DURATION 2 days.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

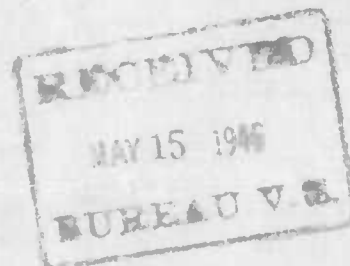
23. SIGNATURE J. F. Frampton and Son M. D. or other

Address Denton, Md Date signed 5/8/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

CERTIFICATE OF DEATH

04685

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
City or town Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Caroline
City or town Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3.(a) FULL NAME

James Johnson

3.(b) Social Security Number

4. Sex m 5. Color or race C 6.(a) Single, married, widowed, or divorced widowed
6.(b) Name of husband or wife Isabelle Johnson
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Feb 23, 1874
8. AGE: Years 72 Months 2 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Greensboro Caroline Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farm.
12. Name No Record
13. Birthplace No Record
14. Maiden name No Record
15. Birthplace No Record

16. Informant Mrs. Amabel Fountain
Address Greensboro Md
17. Burial Date thereof 5-12-46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Union
Location Near Greensboro Md
18. Funeral director Raymond B. Rawlings
Address Greensboro Md
19. May 11, 46 L. M. Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 19 46 at 11 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 19 46 to May 9 19 46
and that I last saw him alive on May 8 19 46
Immediate cause of death Chronic myocarditis
Due to arteriosclerosis
cardiovascular disease
Due to Prostatic hypertrophy
Other conditions (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____
23. SIGNATURE Charles H. Fountain
Address Greensboro Md Date signed May 11, 46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 16 1946
RECEIVED

ARTESIAN LEADER

ARTESIAN LEADER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

CERTIFICATE OF DEATH

04687
Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
City or town Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 years.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Caroline
City or town Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Annie K. Knight

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Adam Knight
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) May 6 - 1886
8. AGE: Years 90 Months _____ Days 14 It less than one day _____ hrs. _____ min.
9. Birthplace Salisbury, N.C.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name to Record
13. Birthplace to Record
14. Maiden name to Record
15. Birthplace to Record
16. Informant Mrs. Lizzie Morgan
Address Greensboro Md.
17. Burial Date thereof May 24, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory MT A line
Location near Greensboro Md.
18. Funeral director Raymond B. Rawlings
Address Greensboro Md.
19. May 24 1946 L. McPigg
(Date registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946, at 10:45 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 15 1946 to May 20 1946
and that I last saw him/her alive on May 19 1946
Immediate cause of death Chronic Myocarditis
Due to arteriosclerosis
arteriovascular disease
Due to _____
Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Hines
Address Greensboro Md. Date signed May 23 1946

54304

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MAY 28 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore ⁴⁶

CERTIFICATE OF DEATH

04688 ⁶⁰
Reg. Dist. No.

1. PLACE OF DEATH:

County... Caroline
City or town... Templeville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?... Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... md County... Caroline
City or town... Templeville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Samuel R. Merchant

3. (b) Social Security Number

4. Sex... M 5. Color or race... W 6.(a) Single, married, widowed, or divorced... Widowed
6.(b) Name of husband or wife... Anna Walls Merchant 8.(c) If alive, give age... years
7. Birth date of deceased (mo., day, yr.)... July 3d. 1876
8. AGE: Years... 69 Months... 10 Days... 15 If less than one day... hrs. min.

9. Birthplace... Templeville Md.
(Town, county, and state)10. Usual occupation... Farmer

11. Industry or business

FATHER 12. Name... Richard Merchant
13. Birthplace... Md.MOTHER 14. Maiden name... Martha Vair Sant
15. Birthplace... Md.16. Informant... Poy Merchant
Address... Templeville Md.17. Burial Date thereof... May 21, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory... TemplevilleLocation... Templeville Md.18. Funeral director... Raymond B Paulding
Address... Freemans Md.19. May 20 19 46 A. C. Paulding
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH... May 18 19 46 at 4:45 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 46 to May 18 19 46 and that I last saw him... alive on May 18 19 46Immediate cause of death... Carcinoma of stomach DURATION... 1 yr.Due to... CachexiaDue to... Obstruction of esophagusOther conditions... Stomach
(Include pregnancy within 3 months of death)

Major findings of operations... Date of op.

Autopsy results...
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... A. C. Paulding M. D. or otherAddress... Freemans Md. Date signed... 5/20/46

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JUN 4 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County... Caroline
 City or town... Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... md County... Caroline
 City or town... Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

James T. Moore

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary E. Chaulan6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.)

March 10, 1863

8. AGE:

Years

93

Months

2

Days

12

If less than one day

hrs.

min.

9. Birthplace

Middletown Illinois

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

William Moore

13. Birthplace

Kentucky

MOTHER

14. Maiden name

Lucinda Stone

15. Birthplace

Illinois

16. Informant

Lynne Moore

Address

Greensboro Ind '24, 1946

17.

(Burial, cremation, or removal, Which?)

Burial

Date thereof

May 27-1946

Cemetery or crematory

Greensboro

Location

Greensboro Ind.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro Ind.

19.

(Date reg'd by registrar)

May 27 1946 L. McPerrin

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1946 at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1 1946 to May 24 1946and that I last saw him alive on May 23 1946

Immediate cause of death

Chronic MyocarditisDue to Arteriosclerotic Cardiac-Vascular Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

Charles H. StoneGreensboro IndMay 24, 1946

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

23720

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STAMP NO. 11-11-11-11

ARTESIAN LEADERS

RAG CONTENT

RECEIVED

MAY 28 1946

BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04690

Reg. Dist. No. 66

1. PLACE OF DEATH

County Caroline
City or town Bridgeton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Ind County Caroline
City or town Bridgeton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mary Emma Richards

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Frank Richards

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Apr. 15, 1865

8. AGE: Years 81 Months 1 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

12. Name Eliza Dean

13. Birthplace Maryland

14. Maiden name Katherine Rogers

15. Birthplace Maryland

16. Informant Mrs William Sparks

Address Bd. Bridgeton, Maryland

17. Buried Date thereof 5-28-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Benton Cemetery

Location Benton, Maryland

18. Funeral director J. Virgil Moore & Son

Address Benton, Md.

19. May 18 1946 J. R. Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1946 at 9:30 P

CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 1946 to May 24 1946

and that I last saw her alive on May 24 1946

Immediate cause of death Chronic myocarditis

Due to Arterio-sclerotic

cardio-vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Stover, M.D.

Address Greensboro, Md. Date signed May 27 1946

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 30 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change
of birth date of deceased
is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

FILM No. I 04 JUN 3 1946

04691

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline
City or town Ridgely Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md. County Caroline
City or town Ridgely Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Chinty Leth

3. (b) Social Security Number

4. Sex F 5. Color or race C. 6. (a) Single, married, widowed, or divorced Widowed.

6. (b) Name of husband or wife Steven Leth

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1873 2

8. AGE: Years 73 Months 9 Days 11 If less than one day
hrs. min.

9. Birthplace Ridgely Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Asbury Clark

12. Name Mrs.

13. Birthplace Annie Perkins

14. Maiden name md.

15. Birthplace Wilmington

16. Informant Chinty Leth

Address Ridgely Md.

17. Burial Date thereof May 23, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory West Denton

Location Denton Md.

18. Funeral director Raymond B Rawlings

Address Wilmington Md.

19. May 23 1946
(Date read by registrar)

J. V. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1946, at 2:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 9 1946, to May 18 1946

and that I last saw him alive on May 18 1946

Immediate cause of death

Cerebral hemorrhage

DURATION

1 hr.

Due to

Hypertension

1 yr.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. L. Small M.D.

M. D. or other

Address Denton Md. Date signed 5-22-46

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

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MAY 25 1946
BUREAU OF

Handwritten notes:
M. J. ...
...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-2)

04692

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 48 years
 Hospital, institution, or street address where death occurred:
Houston Branch Road
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Houston Branch Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Otho B. Smith

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed8. (b) Name of husband or wife Addie M. Smith5. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

November 14, 1866

8. AGE:

Years

79

Months

5

Days

18

If less than one day

.....hrs.min.

9. Birthplace

Choptank Maryland
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Farm

MOTHER FATHER

12. Name

Charles F. Smith

13. Birthplace

Caroline County, Maryland

14. Maiden name

Wheatley

15. Birthplace

Dorchester County, Maryland

18. Informant

Lawrence H. Smith

Address

Federalburg, Maryland, R.F.D.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

May 4, 1946
(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Edmington and Son

Address

Federalburg, Maryland

19.

(Date rec'd by registrar)

May 3rd 1946J. J. Edmington

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1946 at 5:20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1942 to May 2 1946
and that I last saw him alive on May 2 1946

Immediate cause of death

Carcinoma of Stomach
& generalized
metastasis

DURATION

4 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Removal of Stomach
(Carcinoma)Date of op. 1942

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Franky M. Anderson M.D.
Federalburg, Md. Date signed 5/4/46

M. D. or other

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7946

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MAY 8 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

04694

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline
 City or town Ridgely Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 3 days
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Caroline
 City or town Ridgely md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(d) If veteran, name war

3. (a) FULL NAME

Melvin J Thomas

3. (b) Social Security Number

4. Sex m. 5. Color or race C. 6. (a) Single, married, widowed, or divorced ✓

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 4, 1946
 8. (c) If alive, give age years

8. AGE: Years Months Days It less than one day
3 hrs. min.

9. Birthplace Ridgely md.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name James Thomas

13. Birthplace md.

14. Maiden name Louise Taylor

15. Birthplace md.

16. Informant James Thomas

Address Ridgely md.

17. Burial Date thereof May 7, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Thomas Burial Ground

Location West Ridgely md.

18. Funeral director Raymond B. Rawlings

Address Quincy hys md.

19. May 7 1946
 (Date rec'd by registrar) Registrar J D Davis

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1946 at 8:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 4 1946 to May 6 1946

and that I last saw him alive on May 5 1946

Immediate cause of death Heart failure

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Steward

Address Quincy hys md. Date signed May 6 1946

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AVAIL

ANTI-FASSBENDER

1-1 RAG CONFIDENTIAL

CONFIDENTIAL

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MAY 10 1946
1-1 RAG CONFIDENTIAL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

4695 L.H.
Reg. Dist. No.

1. PLACE OF DEATH:

County... Caroline
 City or town... Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
Houston Branch Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Caroline
 City or town... Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Houston Branch Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Sarah C. Willin

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife... Louder S. Willin
 7. Birth date of deceased (mo., day, yr.) July 26, 1870 6.(c) If alive, give age... years
 8. AGE: Years 75 Months 9 Days 11 If less than one day
hrs.min.

9. Birthplace... Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation... Housework
 11. Industry or business Home

12. Name... Abelton Stevens
 13. Birthplace... Dorchester County, Maryland
 14. Maiden name... Sarah Merrick
 15. Birthplace... Dorchester County, Maryland

16. Informant... Louis Willin
 Address... Federalburg, Maryland, R.F.D.

17. Burial Date thereof... May 9, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Eldorado Cemetery
 Location... Eldorado, Maryland

18. Funeral director... J. J. Frampton and Son
 Address... Federalburg, Maryland

19. May 8th 1946 S. J. Frampton
 (Date registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 7 1946 at 1:55 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 1 1946 to May 7 1946
 and that I last saw him alive on May 7 1946

Immediate cause of death... Cerebral hemorrhage DURATION 5 days
Hypertension 5 yrs.

Due to...
 Due to...
 Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...
 Date of op.

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of ...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... Frank M. Anderson M.D.
Federalburg, Md M. D. or other 5/9/46
 Address... Date signed...

20413

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7423

CERTIFICATE OF DEATH

04695 62
Reg. Dist. No.

1. PLACE OF DEATH:

County.....Denton
City or town.....Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....20 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State.....Del County.....Dorchester
City or town.....Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Henry Christian Wright

3. (b) Social Security Number

4. Sex.....M 5. Color or race.....W 6.(a) Single, married, widowed, or divorced.....married

6.(b) Name of husband or wife.....Mrs. Elsie Wright

7. Birth date of deceased (mo., day, yr.).....Sept. 17 1892 8.(c) If alive, give age.....70 years

8. AGE: Years.....73 Months.....7 Days.....17 If less than one day.....hrs......min.

9. Birthplace.....Near Denton, Ind.
(Town, county, and state)

10. Usual occupation.....Retired Farmer

11. Industry or business.....

12. Name.....James S. Wright

13. Birthplace.....Maryland

14. Maiden name.....Grace Cooper

15. Birthplace.....Maryland

16. Informant.....Mrs. Elsie Wright

Address.....Denton, Ind.

17. Buried.....5-7-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Denton Cemetery

Location.....Denton, Maryland

18. Funeral director.....Virgil E. Wood

Address.....Denton, Ind.

19. 5-7-46.....Mr. A. O. Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....May 4 1946 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....May 2 1946 to.....May 4 1946
and that I last saw him alive on.....May 4 1946

Immediate cause of death.....

Due to.....Cardiac Embolus DURATION.....3 days

Due to.....arterio sclerosis DURATION.....3 yrs

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....James S. Wright M. D. or other

Address.....Denton, Ind. Date signed.....5/7/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 13 1946

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